



Bridgewater Raritan Regional H.S. Panther Athletic Club



Deposit Request

*(*Must be included with all Deposits*)*

Date: _____

Event Description: _____

Team (if applicable): _____

Total Amount of Deposit: \$ _____

Check Total: \$ _____

Cash Total: \$ _____

Coin Total: \$ _____

Prepared by: _____

Preparer's Phone # or e-mail: _____

Please contact Carol Confalone at 908-229-0147 to make arrangements to drop off completed forms and money. Thank you.

Please note: An approved fundraising form must be on file with the Athletic Director prior to any monies being accepted from fundraising proceeds.

Treasurer's use only:

Budget Line item(s) _____

Deposit Date _____